Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Dallas Sader

DATE: 04/08/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal Vehicle Mileage Use - Disaster Com Support

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/08/2026	Use of personal vehicle March 2026 to provide Disaster Communication		66	
	Technician support - ECT Volunteer use of vehicle			
	01-2-272-320			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	66	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 48.18	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 48.18
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 48.18

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. **Commercial Accommodation => Actual Cost @ Gov't Rates**
2. **Non-Commercial Accommodations => $35/night**
3. **Per Diem & Meal Allowance => $125/day**

   Rate Breakdown:

   Breakfast -> $20

   Lunch -> $25

   Dinner -> $35

   Incidentals -> $45 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM

04/08/2026
DATE

Approved for Payment	01-2-272-320 Account No.	Vendor No.